Filed 6/8/17 In re M.G. CA4/2

NOT TO BE PUBLISHED IN OFFICIAL REPORTS

IN THE COURT OF APPEAL OF THE STATE OF CALIFORNIA

FOURTH APPELLATE DISTRICT

DIVISION TWO

In re M.G., a Person Coming Under the Juvenile Court Law.	
RIVERSIDE COUNTY DEPARTMENT OF PUBLIC SOCIAL SERVICES, Plaintiff and Respondent, v. X.M. et al., Defendants and Appellants.	E067576 (Super.Ct.No. RIJ1400856) OPINION

APPEAL from the Superior Court of Riverside County. Jacqueline C. Jackson, Judge. Affirmed.

Terence M. Chucas, under appointment by the Court of Appeal, for Defendant and Appellant, X.M.

Jamie A. Moran, under appointment by the Court of Appeal, for Defendant and Appellant, S.G.

Gregory P. Priamos, County Counsel, James E. Brown, Guy B. Pittman, Carol A. Nunes Fong, Deputy County Counsel for Plaintiff and Respondent.

X.M. (mother) and S.G. (father) appeal from the judgment terminating their parental rights over their son, M.G. They contend the trial court erred by determining the parental benefit exception (Welf. & Inst. Code, § 366.26, subd. (c)(1)(B)(i)) did not apply, and argue the court should have chosen a plan less invasive of their rights than adoption. We affirm.

I

FACTUAL BACKGROUND

A. *Jurisdiction and Removal*

M.G. came to the attention of the Riverside County Department of Public Social Services (the Department) on July 11, 2014, after being admitted to the Loma Linda University Medical Center with complications of a chronic health condition. At the time, he was two years and two months old, and his mother and father were 22 and 24 years old, respectively.

M.G. is a medically fragile child. He was born with Gastroschisis, a birth defect where a section of the intestines protrudes through the abdominal wall early in pregnancy and develops in amniotic fluid outside the baby's body. The amniotic fluid can irritate the exposed tissue, causing it to shorten, twist, or swell. After birth, doctors place the exposed tissue in the abdomen and repair the abdominal wall. Infants with the condition

may have ongoing problems with feeding, digestion, and absorbing nutrients.[1] As is common for infants with the condition, M.G. must receive some nutrition intravenously through a central venous catheter, a treatment called total parenteral nutrition or TPN. Before he was admitted to the hospital, he received TPN at home six days a week.

M.G. was admitted to the hospital on July 10, 2014 "with anemia presenting with fever, and Septic shock, [and a] Central venous line infection." According to an initial neglect referral, a home health nurse instructed the parents to take the child to the hospital on July 6, 2014, but the parents delayed. When he was admitted, M.G.'s central venous catheter was not sterile. In addition, the parents had been instructed to take M.G. for monthly iron infusions, but they had not done so since April 2014. In all, M.G. spent a month in the hospital for septic shock, a life-threatening condition.

The Department received a second neglect referral on July 18, 2014, during the hospital stay, which reiterated M.G.'s condition and the fact the parents delayed seeking treatment. The second referral added the parents had been acting abnormally at the hospital—"as if they were under the influence"—and described them as having "slurred speech, and red eyes." In a subsequent interview, the home nurse for M.G. expressed concern the parents could not provide adequate care for M.G.'s medical problems. She said she thought the parents were using drugs and reported they had been evicted from

[1] Centers for Disease Control and Prevention (2017) Birth Defects, Facts about Gastroschisis, < https://www.cdc.gov/ncbddd/birthdefects/gastroschisis.html > [June 6, 2017]

the Ronald McDonald House for abusing marijuana the previous year. Hospital staff told the social worker they suspected the parents were under the influence of alcohol or drugs. They said the parents would "sleep during the day, . . . have slurred speech, . . . be disoriented, and . . . stagger into hospital equipment located in M.G.'s[2] room." The hospital warned the parents to refrain from coming to the hospital under the influence and sleeping during the day in M.G.'s hospital room.

On August 11, 2014, the Department filed a dependency petition on the grounds M.G. was at risk of physical harm or illness because his parents neglected his serious medical needs and abused drugs, including methadone for the mother and marijuana for the father. (§ 300, subd. (b).)[3]

On August 12, 2014, the juvenile court found the Department had established a prima facie case M.G. came within section 300, subdivision (b), and ordered him detained. The court ordered M.G. placed with the maternal grandmother after his discharge from the hospital and the grandmother's successful completion of training to care for medically fragile children.

The Department filed a jurisdiction/disposition report on August 27, 2014, which indicated both parents had passed drug tests. The report also set out statements mother and father gave the social worker. Mother denied most of the allegations. She blamed

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[2] Where names appear in quoted documents or transcripts, we substitute initials, pronouns, or the person's role to safeguard confidentiality.

[3] Unlabeled statutory citations refer to the Welfare and Institutions Code.

the doctor's office for failing to set up appointments for M.G. to receive iron infusions. She denied the central venous catheter infection was due to her lack of care. She said, "Thanks to me and his dad, he hasn't had a line infection in a year. Every GI doctor appointment we went to, they have always told me that I do a good job at taking care of my son. I always carry all his supplies and extra dressings because he likes to pull it out, and I do sterilize it." She blamed the delay in taking M.G. to the doctor on his nurse. She said, "I noticed he had a fever on the 4th I think. M.G.'s nurse . . . told me he seems fine, and it could be flu. I waited the three days because I was going off of what the nurse told me to do and not take him into the doctor yet." She also blamed the delay on the fact both parents' phones were broken. Mother denied using drugs, except for smoking marijuana twice in high school and taking methadone pills prescribed to a relative on three occasions to relieve toothache pain. She said M.G.'s father "has never used marijuana around me ever. I do not believe he uses marijuana or any drug."

Father similarly denied most of the allegations. He agreed with mother the doctor's office had failed to set up an appointment for M.G. to receive an iron infusion. He said the doctor's office told him in May that the treatments would be monthly. He blamed the nurse for not setting up an appointment in June and said he and mother called for an appointment in July, but by then M.G. was already in the hospital. Like mother, he blamed the delay in getting M.G. treatment on the nurse and on their broken phones. He also denied significant drug use. He said, "I have never known M.G.'s mother to take any kind of any pills or any drugs of any kind . . . I never knew she took any methadone

until that day she told me." As for himself, he said, "I only used marijuana one time only in my whole life. It probably was maybe almost a year ago . . . [which] was hard times with my son being in the hospital." He denied the accusation that he used marijuana when they were living in the Ronald McDonald House. He admitted they were asked to leave for marijuana use, but said it was someone else and they chose not to fight it.

The social worker submitted a letter from M.G.'s TPN nurse regarding his care. The nurse reported M.G. had two previous central venous catheter infections, on February 26, 2013 and October 8, 2013, had received nine new lines and three line repairs between September 26, 2012 and January 29, 2014, and made 12 visits to the clinic between April 3, 2013 and June 5, 2014. Various medical personnel told the social worker central venous catheters typically last for 14 years without needing to be changed.

The nurse contradicted the parents on the iron infusion treatments. She said the treatment "was initially ordered in TPN clinic on 4-3-2014 to be done on a monthly basis in the pediatric infusion center. This was written in the clinic discharge instructions and reviewed with parent during clinic. She received a reminder call from the TPN nurse on 5-8-2014 to bring patient for the [appointment]. On 6-5-2014, [the] TPN RN scheduled the patient for iron infusion on 6-12-2014, as parent had still not made an [appointment] and reinforced to parent importance of making the infusion [appointment]. On 6-12-2014, [patient] was a 'No Show' to the appointment. Mom stated that the infusion center cancelled the appointment and he was not rescheduled. Upon calling the infusion center,

the scheduler informed TPN RN that the patient didn't show up for the appointment and did not call to reschedule."

The social worker reported the parents' two-hour weekly visits had been acceptable. "The mother and the father have been appropriate in their interactions with their son, and they seem to be caring and nurturing during these visitations."

The juvenile court held a contested jurisdictional and dispositional hearing on November 3, 2014. Based on the social worker's reports, the juvenile court found all the allegations, as amended,[4] true by a preponderance of the evidence. The court sustained the petition and adjudged M.G. a dependent of the court. The court removed M.G. from his parents, ordered the Department to provide both parents with reunification services, and approved their case plans, which called for them to complete individual therapy, parenting classes, training in care for medically fragile children, an outpatient drug treatment program, and random drug testing.

B. *The Reunification Period and Preliminary Reunification*

Mother made some progress on her case plan during the six-month review period. She completed an intensive outpatient substance abuse treatment program and a parenting class, and returned negative drug tests six times. Her case manager reported she did well in treatment and was an active participant in group sessions. She also completed TPN

[4] The Department had filed an amended petition, removing the allegation M.G.'s *prior* central venous catheter infections were "due to the parent's lack of proper care and cleaning" and replacing the allegation the parents were currently abusing controlled substances with the allegation they had a history of abusing such substances.

training for which she scored an A+ and she said she received a certification for first aid and CPR, though she was unable to provide proof. However, she did not attend any individual therapy sessions, and did not complete her training to care for medically fragile children.

Father made no progress on his case plan during the first six months. He had not begun individual therapy, parenting classes, substance abuse treatment, or training to care for a medically fragile child. He excused his lack of participation on the fact he had been injured in a car accident and was attending physical therapy on a weekly basis until the beginning of April 2015.

Both parents participated in regular visits with M.G. during the first six months. They attended supervised weekend visits at the maternal grandmother's home. The grandmother reported the visits went well and M.G. enjoyed his time with his parents.

At the six-month review hearing, the juvenile court found mother had made adequate but incomplete progress on her reunification plan. The court authorized the Department to provide family maintenance services for mother and allow her to reside with M.G. in the grandmother's home, provided she continued to progress on her case plan. The court found father had made minimal progress on his reunification plan.

Mother made additional progress during the 12-month review period. With the Department's approval, she began spending extended periods at grandmother's home to visit M.G., and on September 1, 2015, she began living there. Meanwhile, she participated in individual therapy with a private clinical psychologist. She completed the

classroom and assessment portions of DPSS Medically Fragile Training and received a First Aid/CPR Certification. The trainer said mother was attentive and appropriate and reported "no concerns regarding the mother's ability to care for M.G.'s special needs." However, mother had stopped attending an aftercare drug treatment program and received a new referral. Mother's hair follicle drug test from September 21, 2015 was negative, but she failed to appear for four random drug tests. She had not begun the new aftercare program by October 27, 2015.

Father also made some progress during the 12-month review period. As of October 27, 2015, he still had not begun individual therapy, parenting classes, or substance abuse treatment. He blamed these failures on the fact he was working full-time. Father also failed to show for two random drug tests. However, he took and passed a hair follicle drug test on October 7, 2015. And he completed the classroom and assessment portions of training to care for medically fragile children and also received certification in first aid and CPR. The trainer said father was attentive and appropriate and reported no concerns about whether he could care for M.G.'s special needs. Father struggled to participate in visits during this period because he began a new full-time job.

Based on mother's progress, the Department recommended M.G. be placed in the physical custody of mother with family maintenance services and on November 5, 2015, the juvenile court adopted the recommendation. The juvenile court found father had made moderate progress in his placement plan and ordered reunification services continued for him.

Father made limited additional progress leading up to the 18-month review hearing. He still had not begun individual therapy or substance abuse treatment. He attended only three of 10 required parenting class sessions. And he had not completed the TPN training related to M.G.'s ongoing care. After the 18-month review hearing was continued, father completed five additional parenting classes, said he would complete the parenting training by March 10, 2016, and agreed to contact a different therapist for individual counseling. He still had not completed the TPN training. Father again struggled to attend visits every week. However, mother, who supervised the visits beginning in January 2016, reported the visits that did occur went well and "M.G. greatly enjoyed spending time with his parents."

On March 9, 2016, the juvenile court found both parents had made substantive progress on their case plans, placed M.G. in their custody, ordered mother's residence be M.G.'s primary physical residence, and ordered family maintenance services for both parents.

C. *The Second Removal*

Three weeks later the parents' success story had unraveled. On March 28, 2016, the Department filed a supplemental petition for a more restrictive placement under section 387. The petition said the return to custody has not been effective because "the parents failed to benefit from Court ordered services in that, the mother admitted to purchasing and using Norco pills . . . [and] both she and the father continue to use drugs

and the father refused to submit to on demand drug test." The petition sought to have M.G. removed from his parents and placed back with his maternal grandmother.

The social worker reported she received a text message from the grandmother the day after the court returned custody to father. The grandmother said she had "found numerous text messages in mother's cell phone indicating that she and father have recently purchased illegal controlled substances (Norco Pills and 'Wax')." According to the report, Norco is a combination of acetaminophen and hydrocodone, an opioid pain medication, and "Wax" is a marijuana concentrate, reported to be the strongest form of marijuana available on the market. On March 11, 2016, the social worker notified the parents of what she had learned and asked them to submit to drug tests. Mother complied and tested negative. Father failed to test despite knowing a missed test would be deemed positive.

On March 16, 2016, the social worker interviewed mother, and she denied any involvement in a drug purchase. She also denied using drugs herself and denied father had used drugs. However, one week later, mother called the social worker and admitted both parents had ongoing drug use problems. She "disclosed that she is currently suffering from chronic depression as a result of a variety of personal problems in her life. She admitted she used Norco Pills to cope with her symptoms of depression and stress. She stated her belief that she needs inpatient drug treatment to address her issues of substance abuse and depression." Mother also admitted she had purchased and used

drugs with father throughout the case. Mother entered an inpatient drug treatment program on March 24, 2016 and arranged for grandmother to care for M.G.

Based on the continued drug use and the fact the court initially removed M.G. because the parents' drug use was interfering with M.G.'s medical care, the Department recommended returning custody to grandmother. After hearings on March 29 and April 4, 2016, the juvenile court found M.G. was a child described in section 387 and ordered him detained.

In a section 387 jurisdiction/disposition report and addendum, the Department recommended the court continue M.G. as a dependent, terminate the parents' reunification services, and set a section 366.26 selection and implementation hearing to establish a permanent plan of adoption. The social worker said mother had admitted "she had been 'living a lie' during the last 18-months while receiving services. She admitted she has purchased and used 'pills' while receiving Family Reunification and Family Maintenance Services. The mother admitted she has purchased and communicated with the father about her ongoing substance abuse issues over the last several years. She also admitted father has purchased and used drugs during the last several years." In addition, mother said she was mad at father for lying to the court about his substance abuse. Meanwhile, father tested positive for cannabinoids on March 29, 2016.

Mother changed her story in an April 4, 2016 interview with the social worker. She recanted her statement about father's substance abuse. And though she had checked herself into a substance abuse program, she said "she no longer believes she has

significant substance abuse issues as she only used pills 'every now and then' in the past. The mother continued to deny the severity of the situation despite being informed the father's most recent urine drug test . . . was positive." On April 13, 2016, father again tested positive for cannabinoids.

According to the report, cell phone records and copies of text messages show mother and father purchased and used drugs while they were receiving reunification services. Mother and father purchased several prescription medications, including Norco, Vicodin, Xanax, and Tramadol. Mother sent messages complaining she suffered from withdrawal symptoms when she was off the drugs. Cell phone records also show mother and father bleached their hair to ensure they would test negative when they took hair follicle drug tests.

By May 2016, mother had completed her inpatient drug abuse program, during which she returned six clean drug tests. However, she had not enrolled in an outpatient or aftercare program. Father still had not enrolled in individual counseling or substance abuse treatment and had returned another positive test for cannabinoids on May 4.

When the parents visited M.G. during this period, the visits were adequate. Father missed three planned visits because he was working. Mother missed one visit because she did not have transportation. According to the report, M.G. "does not seem to be upset or concerned regarding his parents being absent. He tends to focus a majority of his energy playing with toys and talking about 'going home' with the maternal grandmother. The parents present as being unemotional during the visits."

The social worker reported "M.G. continues to require a high level of care and supervision due to his ongoing specialized medical care." His physician submitted a letter reporting "M.G. is dependent upon intravenous nutrition to survive. The intravenous nutrition is provided to him 10 hours/day, 3 days per week via a central venous catheter that is surgically implanted into a large blood vessel in the chest area." The physician said if M.G. does not receive proper care, his daily treatments "can potentially be significant sources of morbidity and mortality . . . The most common problems are sepsis related in infection of the central venous catheter, and liver failure." As a result, it is critical that M.G. receive meticulous care. He said grandmother and M.G.'s homecare nurses provide M.G. with "the meticulous care and monitoring" he needs. For that reason, he suggested they be considered as M.G.'s "sole caregivers in providing all aspects of his central venous catheter care."

The juvenile court held a contested jurisdictional hearing on May 24, 2016, found true the allegation of the supplemental petition, and set a contested disposition hearing.

In an addendum report, the social worker said mother was participating in outpatient substance abuse treatment, which she would complete in October. Mother tested positive for alcohol on May 20, 2016 and tested negative for all substances on June 16, 2016. Though she received a referral for individual counseling, she had not begun treatment. Father had not taken steps to enroll in substance abuse treatment or individual counseling. On June 16, 2016, he returned an inconclusive saliva drug test and a negative urine drug test.

The social worker also said "[t]he parents have attended the scheduled visits routinely, however a concern has been noted as mother has been observed to feed M.G. french fries during one of the scheduled visits despite his having a restricted diet due to his medically fragile status . . . Mother admitted she knows that M.G. is not to have any greasy or processed food as his body cannot properly digest these types of foods. She stated she is aware of his nutritional restrictions as he tends to get diarrhea and an upset stomach immediately after eating foods that have not been recommended by his doctor. Mother minimized the situation by stating 'I only gave him three fries.'"

The Department noted mother "has completed all case plan services provided [but] . . . failed to benefit from all services provided, as she admitted she continued to struggle with substance abuse issues during the duration of the case despite receiving 18 months of services." As for father, he "has demonstrated minimal progress toward completing his case plan and he has failed to benefit from services thus far as evidenced by his recent positive drug tests." The Department recommended the court continue M.G. as a dependent, deny parents reunification services, reduce visits to twice a month, and set a section 366.26 selection and implementation hearing to establish a permanent plan of adoption.

The juvenile court held a contested disposition hearing on July 7, 2016, which the parents attended. The court found, by clear and convincing evidence, the previous disposition was not effective in protecting M.G. and ordered him continued as a dependent of the court. It found the parents had made minimal progress toward

alleviating the causes requiring M.G.'s placement, and denied them further reunification services. Finally, the court ordered the Department to prepare an assessment under section 366.22, subdivision (b) and set a hearing under section 366.26 to select an appropriate permanent plan for M.G.

D. *Termination of Parental Rights*

In a section 366.26 report, the social worker reported M.G. was doing well in his placement with grandmother. According to the social worker, the grandmother had completed training to care for medically fragile children and "has demonstrated her ability to provide for M.G.'s special needs by ensuring he receives all indicated services and attends all appointments." She noted M.G. has resided with grandmother since January 1, 2015, including the period during which he was returned to the custody of his parents, and said she "has done an exceptional job caring for M.G." In addition to receiving the appropriate care, the social worker noted M.G. "appears to be comfortable and content in his current placement."

The social worker concluded M.G. is an excellent candidate for adoption and his grandmother has indicated her commitment to adopting him. She noted grandmother had recently been referred to the adoptions unit to complete an adoption assessment. The Department requested a 60-day continuance to complete the assessment, which the court granted.

In an addendum report, the social worker said grandmother submitted all documents required for the assessment in a timely fashion and worked diligently to

complete the assessment before the section 326.66 hearing. The Department recommended the juvenile court terminate the parents' rights and establish a permanent plan of adoption for M.G.

The parents submitted separate section 388 petitions to reinstate reunification services. On January 12 and 17, 2017, the juvenile court held a hearing on the section 388 petitions jointly with the section 366.26 selection and implementation hearing. The court reviewed the Department's reports and admitted them into evidence. The court also heard testimony from mother and father.

On the section 388 petitions, the court found the parents' circumstances were changing, but had not changed, and denied the petitions.[5] The court adopted the section 366.26 orders. The court found by clear and convincing evidence it was likely M.G. would be adopted. The court then determined its findings at the July 7, 2016 hearing provided a sufficient basis for terminating parental rights.

The court also found none of the exceptions to terminating parental rights applied and adoption would be in M.G.'s best interest. The court ordered mother's and father's parental rights severed, referred M.G. to the county adoption agency for placement, and ordered an application for adoption by the current caregiver be given preference over any other application.

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[5] The parents have not appealed the denial of their section 388 petitions.

II

DISCUSSION

Mother and father separately contend the court erred in failing to apply the parental benefit exception to terminating parental rights. We find no error.

"'Adoption, where possible, is the permanent plan preferred by the Legislature.'" (*In re L. Y. L.* (2002) 101 Cal.App.4th 942, 947.) Once the juvenile court finds a child is adoptable, the parent bears the burden of proving one of the exceptions to terminating parental rights exist. (*In re Lorenzo C.* (1997) 54 Cal.App.4th 1330, 1343.) "[I]t is only in an extraordinary case that preservation of the parent's rights will prevail over the Legislature's preference for adoptive placement." (*In re Jasmine D.* (2000) 78 Cal.App.4th 1339, 1350.)

The exception at issue here, commonly called the parental benefit exception, requires the parent to prove "termination would be detrimental to the child" because the parent has "maintained regular visitation and contact with the child and the child would benefit from continuing the relationship." (§ 366.26, subd. (c)(1)(B)(i).) California courts have interpreted this exception to apply to only those parent-child relationships the severance of which "would deprive the child of a substantial, positive emotional attachment such that the child would be greatly harmed." (*In re Autumn H.* (1994) 27 Cal.App.4th 567, 575.)

"The parental benefit exception applies when there is a compelling reason that the termination of parental rights would be detrimental to the child. This exception can only

be found when the parents have maintained regular visitation and contact with the child *and* the child would benefit from continuing the relationship." (*In re Anthony B.* (2015) 239 Cal.App.4th 389, 395.) "[T]he court balances the strength and quality of the natural parent/child relationship in a tenuous placement against the security and the sense of belonging a new family would confer. If severing the natural parent/child relationship would deprive the child of a substantial, positive emotional attachment such that the child would be greatly harmed, the preference for adoption is overcome and the natural parent's rights are not terminated." (*In re J.C.* (2014) 226 Cal.App.4th 503, 528-529.) We review the juvenile court's determination whether a beneficial parental relationship exists for substantial evidence, and its determination whether the relationship provides "a 'compelling reason' for finding detriment to the child" for abuse of discretion. (*In re Bailey J.* (2010) 189 Cal.App.4th 1308, 1315.)

M.G.'s parents have established they maintained regular visitation and contact with M.G. Their visitations were regular from the start, and mother moved back in with M.G. and grandmother in September 2015 and regained custody from November 2015 to March 2016. Though father missed a number of visits because of conflicts between his work schedule and M.G.'s need for medical care, the excuse appeared to be legitimate and his participation was nevertheless regular. We conclude the parents have established the first prong of the analysis for determining whether the parent-child exception applied. (*In re C.F.* (2011) 193 Cal.App.4th 549, 554.)

However, the evidence concerning the bond between M.G. and his parents does not support applying the parent-child relationship exception. The record regarding M.G.'s emotional bond with his parents is not clear. Early in the reunification period, grandmother reported M.G. enjoyed his visits with his parents. But more recently, the social worker said M.G. "does not seem to be upset or concerned regarding his parents being absent. He tends to focus a majority of his energy playing with toys and talking about 'going home' with the maternal grandmother. The parents present as being unemotional during the visits." This evidence does not indicate M.G. and his parents had the sort of parental relationship whose severance would deprive him of a substantial, positive emotional attachment. (*In re Jeremy S.* (2001) 89 Cal.App.4th 514, 523, overruled on other grounds by *In re Zeth S.* (2003) 31 Cal.4th 396 ["One can know a child's interests, enjoy playtime together, and be a loved relative, but not occupy a parental role in the child's life"].)

It is the evidence concerning parents' failure to act as responsible caregivers for M.G. that dooms their appeal. M.G.'s removal owes to his parents' failure to provide him the extraordinary care his medical condition requires. On that point, the evidence is overwhelming. The Department submitted evidence mother and father lost custody of their son because their drug use interfered with their ability to provide him extraordinary care. Their neglect landed M.G. in the hospital with a life-threatening condition. Nevertheless, both parents initially denied they had used drugs, and father refused to seek help through more than 18 months of reunification services. Mother took a different tack.

She went through the motions of getting herself clean, essentially lying her way back into custody. All the while, both parents continued to purchase and use drugs while actively working to evade detection. Put simply, mother and father never took seriously the danger their drug use created for their son. We conclude the juvenile court could reasonably have concluded from this evidence there was no strong parent-child relationship between M.G. and his parents such that severing it would greatly harm M.G.

As important, there is evidence M.G. had bonded with his grandmother and she was providing him with a stable, loving home that includes the kind of care and monitoring his medical condition requires. At the time of the hearing, M.G. had lived with his grandmother for two years, nearly half his life. M.G.'s physician explained the critical importance to M.G. of receiving proper care, said grandmother provides him with "the meticulous care and monitoring" he needs, and suggested grandmother and M.G.'s homecare nurses be considered as M.G.'s "sole caregivers in providing all aspects of his central venous catheter care." We cannot conclude on this record the juvenile court acted arbitrarily and without substantial evidence by determining the parent-child bond did not override M.G.'s need for the stable, permanent home with a prospective adoptive caregiver who was already meeting his extraordinary needs and willing to adopt him.

Mother contends the juvenile court erred in following *In re Autumn H.*, *supra*, 27 Cal.App.4th at p. 575 and "interpret[ing] the 'benefit from continuing the [parent/child] relationship' exception to mean the relationship promotes the well-being of the child to such a degree as to outweigh the well-being the child would gain in a permanent home

with new, adoptive parents." She objects to the fact the court held her, under that standard, to showing "severing the natural parent/child relationship would deprive the child of a substantial, positive emotional attachment such that the child would be greatly harmed." (*Ibid*.) According to mother, under the plain language of section 366.26, subdivision (c)(1)(B)(i), the juvenile court should have determined only whether (1) mother maintained visitation with M.G. and (2) M.G. would benefit from his relationship with mother. We disagree.

The goal of dependency law is protecting children from abuse, neglect, and exploitation. (§ 300.) Protection focuses initially on preserving the family. However, where children cannot be returned to their parents, the state must seek to provide a different stable, permanent home. (§ 366.25, subd. (a)(1); § 366.26, subd. (b).) The Legislature has stated its preference for adoption as the permanent plan for such children. (*In re Heather B.* (1992) 9 Cal.App.4th 535, 546.) Once the parents have failed to reunify and the court has found the child likely to be adopted, the parent must show *exceptional* circumstances exist to derail adoption. The Legislature made the difficulty of this showing clear by specifying the parental-benefit exception applies only where "a *compelling* reason for determining that termination would be *detrimental* to the child." (§ 366.26, subd. (c)(1)(B), italics added.) We conclude, contrary to mother's contention, the plain language of the statute supports the standard the trial court applied.

III

DISPOSITION

We affirm the judgment.

NOT TO BE PUBLISHED IN OFFICIAL REPORTS

SLOUGH
J.

We concur:

MILLER
Acting P. J.

FIELDS
J.